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# The Journal of The Royal College of General Practitioners

## The British Journal of General Practice

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# Royal College of Services for Members

## ACCOMMODATION

Members of the College are welcome to stay at 14 and 15 Princes Gate; early booking is recommended. Bed and breakfast may be obtained at rates shown regularly in the *Journal*. Public rooms may be hired, subject to availability. Bookings should be sent to the Accommodation Secretary, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU. Tel: 01-581 3232.

## AWARDS

The College awards many prizes, including the annual Butterworth Prize and the Kuenssberg Prize. In addition, several visiting professorships and travelling fellowships are in its gift. Information is published periodically in the *Journal*.

## COLLEGE INFORMATION

Information about the College and its policy is available as follows:

**Communications.** The Communications Division has a special responsibility for contact with and services to members, and welcomes comments and enquiries.

**Education.** The Education Division is concerned with all aspects of education in and for general practice, with particular emphasis on continuing medical education and performance review.

**The Central Information Service** welcomes enquiries about staff, surgery buildings, equipment, records, administration and computers. The Information Room contains details of a wide variety of College activities as well as exhibitions of topical interest.

**Fellowship, Membership and Associateship.** The Membership Division welcomes enquiries and can supply details of the examination, which is held twice a year and is recognized as an additional registrable qualification. The annual subscription for Fellows,

Members and Associates is £90. Doctors registered for less than five years pay half subscription, and trainees one quarter subscription. There are concessionary rates for other groups, including doctors working part-time.

## FACULTIES

Every Member and Associate of the College is automatically a member of a faculty and receives information and notices of the many faculty activities. The names and addresses of faculty secretaries are available from 14 Princes Gate.

## GRANTS

Grants for research and education projects are available from the Scientific Foundation Board and advice is given on other sources of finance for research.

## PUBLICATIONS

*The Journal of the Royal College of General Practitioners* is published monthly and is circulated to all Fellows, Members and Associates of the College. The subscription for non-members is £40 (\$100) p.a. Single copies and back numbers are available from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU. The *Journal* also publishes occasional *Supplements*, which are distributed with the *Journal* and are available free to Members and subscribers.

**Editor:** Dr E. G. Buckley, MRCP, 8 Queen Street, Edinburgh EH2 1JE. Tel: 031-225 7269.

**The Publications Office** of the College is responsible for *Reports from General Practice* and *Occasional Papers*. The former are distributed free of charge to all Members and Associates of the College and carry the approval of the College. The *Occasional Papers* are discussion documents and are for sale at prices shown regularly in the *Journal*.

**Honorary Editor:** Dr D. J. Pereira Gray, OBE, FRCP, 9 Marlborough Road, Exeter, Devon, EX2 4TJ.

# General Practitioners and Associates

## LIBRARY

The Geoffrey Evans Library, which is open to all Members and Associates, now has one of the finest collections of books on general practice anywhere in the world. It includes a collection of general practitioner MD theses and a register of general practitioner papers, for which a list of references and photocopies is available on request. Reading lists are also available for trainees.

The Library produces periodically *New Reading for General Practitioners*, a publication designed to help those who wish to keep up with the growing literature of general practice and which is particularly useful for training practices.

*Librarian:* Miss Margaret Hammond, 14 Princess Gate.

## RESEARCH DIVISION

The Division is designed to promote research in primary care throughout the British Isles. Twice a year it publishes *Research Intelligence*, which is a digest of planned and current research activity. Copies may be obtained free of charge from the Executive Officer.

Advice on research problems is obtainable from the directors of the units, or through the headquarters' staff.

*Chairman:* Michael Drury, OBE, MB, FRCGP.

*Executive Officer:* Miss Anne Murray, 14 Princes Gate.

### Birmingham Research Unit

The work of the unit is based on the morbidity data routinely collected from practices throughout the UK. The unit has developed diagnostic and other registers for use in general practice and is developing Practice Activity Analysis, which concerns a standardized system of audit by self-evaluation.

*Director:* D. L. Crombie, OBE, MD, FRCGP.

*Research Fellow:* D. M. Fleming, MB, FRCGP, Lordswood House, 54 Lordswood Road, Harborne, Birmingham, B17 9BD. Tel: 021-426 1125.

### Epidemic Observation Unit

This unit co-ordinates the activities of a group of sentinel practices who report regularly on a selected number of communicable and chronic diseases. These data are utilized in a variety of disease surveillance and environmental projects.

The unit has also developed computer-based information systems using viewdata and other computerized networks as a method of providing interactive information systems for general practice.

*Director:* Professor P. R. Grob, MD, FRCGP, Room 18A-AA21, Department of Mathematics, University of Surrey, Guildford. Tel: 0483 38005.

### Leigh Clinical Research Unit

This unit, which has its own research laboratory, is studying the factors involved in ischaemic heart disease. It is particularly interested in the part played by lipoproteins and fibrinogen.

*Director:* M. C. Stone, MD, FRCGP, The Health Centre, Grasmere Street, Leigh, Lancs., WN7 1XB. Tel: 0942 676864.

### Manchester Research Unit

The unit has special experience in the processing of large scale data resulting from multi-observer projects. It is responsible for the oral contraception and attitudes to pregnancy studies.

*Director:* Clifford R. Kay, CBE, MD, PH.D, FRCGP.

*Deputy Director:* Peter Frank, MD, FRCGP, 8 Barlow Moor Road, Didsbury, Manchester, M20 0TR. Tel: 061-445 7771.

### Swansea Research Unit

This unit is mainly concerned with the epidemiology of infectious diseases and is currently engaged in a study of the respiratory sequelae of whooping cough.

*Director:* W. O. Williams, OBE, MD, FRCGP, Department of Social Anthropology, University College of Swansea, Singleton Park, Swansea, West Glamorgan, SA2 8PP.



is published in the College 24 hours later and is posted to examiners, faculties, regional advisers, postgraduate deans and the press. It also now appears on Meditel.

Unsuccessful candidates are invited to write to the Chairman of the Membership Division if they wish for details of their performance. The majority do so, and whenever possible are given more specific advice if they intend to resit the examination. Finally, candidate and examination data are analysed to provide regional statistics which allow the College, the faculties and regional advisers an overview of the role of the examination in the assessment of vocational and continuing education in general practice.

### The future

Each of the components of the present examination is the responsibility of a working group of the Panel of Examiners who continually analyse and develop their methods. The reduction in the number of multiple choice questions from 90 to 60 is the result of an appraisal of the efficiency of this particular method in the assessment of factual recall. The use of videotape techniques in peer appraisal and self appraisal of oral examination methods is increasing the effectiveness of these particular procedures, and TEQ and MEQ papers are being similarly reviewed.

The Membership Division and the Panel of Examiners have been conscious for some time of the disadvantages of an assessment procedure which takes place at the end of vocational training and which is, therefore, of limited educational value to the individual candidate. A working party is therefore exploring methods of assessment of relevance to the midpoint of vocational training which will primarily be of educational value to the candidate and his trainer and which might be seen as an appropriate preliminary assessment, guiding the candidate in his preparation for a later membership examination.

Equally the assumption that success in the membership examination predicts subsequent satisfactory performance in general practice requires exploration. Studies of the predictive validity of the examination are therefore being organized and it is the intention of the Membership Division and the Panel of Examiners that their activities will continue to be central to the major purpose of the College, which is to raise the standard of patient care in general practice.

### Address for correspondence

Professor J. H. Walker, Chairman, Membership Division, RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU.

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## GENERAL PRACTICE LITERATURE

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### BOOK REVIEWS

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#### CLINICAL REACTIONS TO FOOD

M. H. Lessof (editor)

Wiley, Chichester (1983)  
222 pages. Price £14.50

A fascinating attempt to distill the cool facts from the present hot soup of fashions, fancies and fads about food allergies. The title itself avoids the use of the word allergy and several of the contributors to this book (edited by the Professor of Medicine at Guy's Hospital Medical School) are at pains to decide the nature of food intolerance and point out that true allergy is likely to be rare. The chapter by Barnetson and Lessof and another by Ferguson and Strobel are particularly helpful in clarifying the current state of knowledge about reactions to food and the immunological

and physiological complexities of digestion.

All who are interested in food intolerance and food allergy will welcome this well-balanced appraisal of the current state of knowledge in this controversial field.

E.G.B.

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### BOOKS RECEIVED

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**PRACTICE OF PSYCHOSEXUAL MEDICINE**, Katherine Draper (editor), John Libbey, London, 1983. 257 pages. Price £14.95.

**ABC of HEALTHY TRAVEL**, Eric Walker and Glyn Williams, British Medical Association, London, 1983. 39 Pages. Price £3.50 (paperback).

**TREATMENT AND MANAGEMENT IN ADULT PSYCHIATRY**, G. E. Berrios and J. H. Dowson, (editors), Bailliere Tindall, London, 1983. 502 pages. Price £18.50

**ENDOCRINOLOGY**, Harold E. Carlson, (editor), John Wiley and Sons Ltd, Chichester, 1983. 308 pages. Price £31.15

**LECTURE NOTES ON EPIDEMIOLOGY AND COMMUNITY MEDICINE** (2nd edition), R. D. T. Farmer and D. L. Miller, Blackwell Scientific Publications, Oxford, 1983. 214 pages. Price £6.80.

**FAMILY MEDICINE for students and teachers**, R. T. Mossop and G. S. Fehrson, Academic, Cape Town, 1983. 123 pages.

**1983 USP DI DRUG INFORMATION FOR THE HEALTH CARE PROVIDER**, C. V. Mosby, London, 1983. 982 pages. Price £22.50 (hardback).

**PROBLEMS IN PERIPHERAL VASCULAR DISEASE**, P. E. A. Savage, MTP Press, Lancaster, 1983. 118 pages. Price £7.95.

**THE FAMILY PHYSICIAN**, Kupat-Holim Health Insurance Institution of the General Federation of Labour in Israel, 258 pages.

**THE NEW GOOD BIRTH GUIDE**, Sheila Kitzinger, Penguin Handbooks, Middlesex, 1983. 443 pages. Price £3.95 (paperback).

**COMMUNITY MEDICINE**, A Textbook for Nurses and Health Visitors, W. E. Waters and K. S. Cliff, Croom Helm Ltd, Kent, 1983. 146 pages. Price £6.95.

**LARYNGECTOMY, Diagnosis to Rehabilitation**, Yvonne Edels (editor), Croom Helm, Kent, 1983. 309 pages. Price £18.95.

**COMMUNITY HEALTH**, June Clark and Jill Henderson (editors), Churchill Livingstone, Edinburgh, 1983. 317 pages. Price £6.95 (paperback).

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# NEWS AND VIEWS

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## COLLEGE NEWS

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### Retiring Officers

#### **John Hasler: Honorary Secretary of Council 1978-1983**

*Donald Irvine, Chairman of Council, pays tribute to John Hasler who this November retired as the fourth Honorary Secretary of Council.*

Elected by Council in 1978 when he was only 41 years old, John Hasler had already distinguished himself as an outstanding doctor, as an academic of growing stature and as an effective administrator. During his term of office the College has expanded steadily both in size and in influence, in no small part due to his energy, enthusiasm and new ideas.

After graduating from the Middlesex Hospital Medical School John trained to become a general practitioner. He joined the experimental Wessex Scheme organized by Dr George Swift and was one of his trainees. Subsequently he joined the practice in Sonning Common.

John has been fortunate to work in a region which has favoured innovation in general practice, and lucky also to have full access to a well equipped general practitioner hospital through which his ideas for extended care from general practice were nurtured. It is not surprising that the practice at Sonning today is a model for clinical teamwork, modern practice management and, of course, personal care; facts which reflect John's belief in leadership by example.

John was appointed Regional Adviser in the Oxford Region in 1972, and he has been largely responsible for the enviable national reputation which that Region now enjoys today for graduate education in general practice. In 1974 he was elected Chairman of the UK Conference of Regional Advisers in General Practice by his colleagues where he revealed himself as an effective, good humoured leader. Small

wonder, then, that the Officers and Members of the Council, watching the steady progress of this rising star, should have invited him to seek election to Council in order to become Honorary Secretary.

John Hasler's achievements as Honorary Secretary are many but several stand out. It was he, for example, who led the College's team for talks with the Royal College of Obstetricians and Gynaecologists on the future of obstetrics in British general practice. He was seen as a skilled, patient and canny negotiator. Pursuing his interest in the nursing profession he led the discussions which resulted in the new UK Joint Professional Committee for Primary Health Care. More recently he was the driving force behind the formation of the successful new Patients' Liaison Group. He was one of the few to recognize early that the College must take an active interest in what our patients feel about their family doctor services. Of course he has also been an Examiner, Member of the *Journal* Editorial Board, College Press Officer and, as Honorary Secretary, has represented the College on many important committees and outside bodies. As if this were not enough, we were delighted to hear that in 1982 he had been awarded the degree of Doctor of Medicine by the University of London for his thesis on the clinical experience of trainees in general practice.

John Hasler retires from office at the still very young age of 46. He is friendly, relaxed and always willing to listen to others despite his enormous workload. John is that rare combination of practising clinician, academic and administrator. But he is something more now. In the last five years he has established himself as a national leader in his own right, a man of imagination and vision as well as of purpose; one of the few great generalists we have in general practice.

With this unusual combination of qualities few can doubt that his College and his fellow practitioners will ask more of him and of his family in the future.

#### **John Walker: Chief Examiner 1972-1983**

*John Walker's retirement from responsibility for the MRCCP examination gives Keith Hodgkin an opportunity to look at 11 years of remarkable achievement.*

The examination was started in 1965 by five candidates and ten examiners and was successfully steered by Pat Byrne and Jimmy Knox into its present format. When John took over in 1972, he was responsible for 130 candidates and 25 examiners twice a year. The College examination at this time was for most examiners, like myself, a working group with the atmosphere of a friendly club. Now, in 1983, 1,500 candidates are examined (750 or so twice a year) by more than 100 examiners.

John's superb achievement has been to maintain the trusting friendly approach and at the same time to build a highly professional and successful postgraduate examination, capable of assessing large numbers of candidates in ways that are reliable as well as valid.

Running an examination is very like driving a car. For those in the back seat the important question is one of destination (validity). For the driver the essential constraints of feasibility of the route and reliability of the machine are equally important. An example of this dichotomy is the way many well meaning examiners (and others) have, for valid reasons, suggested the addition of a clinical component. Unfortunately, none of these helpful individuals has also suggested feasible and reliable ways of overcoming the unavoidable problems of training, security, payment, space and fair marking which nearly 1,200 'clinical' on several hundred patients would involve each year.

John's great strength is that he can assess all these problems and maintain the examiners' trust while simultaneously stimulating them to examine more professionally in practical and reliable ways.

A light touch and a constantly bubbling humour enable him to get a very wide range of doctors and personalities to share their doubts and self criticisms in a way that leads inevitably to improved standards of practice and teaching as well as examining. No wonder that examiners frequently claim that examining and the examination

workshops are the best postgraduate exercises that they know.

John is acutely sensitive to unfairness especially if this stems from individual arrogance or pomposity. He always takes great trouble if any unfairness can be traced back to the inevitable failings of the examination method. I have seen many letters from failed candidates thanking John for the helpful way in which he had handled their particular anxieties.

The logistics, checking and cross checking that are involved in creating, running and marking a postgraduate examination of this size are enormous. Thanks to John and to the highly efficient organization that he and Pauline Dallmeyer have built up, these are still both friendly and flexible. I have recently seen the organization cope smoothly with the vagaries of British Rail, train crashes, blizzards, candidates' children, accidents, pregnancy, breast feeding, sickness, the police, medical intransigence and other 'Acts of God'.

In the examination office hangs the following warning.

*'We trained very hard—but it seemed that every time we were beginning to form up into teams we would be reorganized. I was to learn later in life that we tend to meet any new situation by reorganizing; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralization.'*

Petronius Arbiter 210 B.C.

John's highly successful 11 years were marked by a great many reorganizations and developments in which confusion, inefficiency and demoralization were notably absent. This is because he has the unique and enviable ability to inform and involve those he leads in a way that creates trust and real progress.

The time and effort put into the MRCCP examination by John must never be taken for granted. The College has a great deal to thank him for and owes him a great debt.

## News and Views Editor

This issue of *News and Views* is the last one under the editorship of Dr Bill Styles, who was elected Honorary Secretary of Council last month. He has been succeeded as *News and Views* editor by Dr Michael Price of Hemel Hempstead. Dr Price was formerly Secretary of the Bedfordshire and Hertfordshire Faculty and he is Associate Adviser in General Practice to the North West Thames Region.

## Partnership Agreements

At its meeting on 16 September 1983, Council considered the position of the President of the College in relation to arbitration clauses in partnership agreements.

A number of partnership agreements have nominated the President of the College to arbitrate when disputes arise. In some cases such nomination has been made without the consent of the President and his position has not been clear. Having taken legal advice, Council agreed that the most satisfactory arbitration clause is the one where the President is given the power to nominate an arbitrator. This will enable him to use his discretion to decide whether the person best suited to determine the dispute is a doctor, lawyer, accountant or other suitable person. It also avoids putting the President in the position of having to determine the outcome of a dispute between fellow members.

Where the President has been nominated in the past without his or his predecessor's consent, there is no obligation on the President to accept the appointment as arbitrator. However, if he refuses to act, the arbitration clause does not become null and void. The parties can either agree between themselves on a new arbitrator, or in default of agreement, they can apply to court. Even in a case where the past or present incumbent of the office of President has consented to act, the President for the time being may nonetheless refuse to act.

Members should take note of the decision taken by Council and are advised to consider their own partnership contracts in this light.

## Obituary

*Dr Christopher Mason*

Dr Christopher Mason, aged 35 years, died suddenly on the evening of Saturday 10 September, whilst in Oxfordshire. This comes as a great shock to all who knew and worked with him, and represents an irreplaceable loss to his colleagues, the community and, of course, his family. He was a totally dedicated family physician and an inspiring person to know and work with. He was unsparing in his efforts on behalf of his patients and had unusual reserves of compassion, particularly for those with personal problems and those who were anxious or depressed. He had outstanding ability as a general practitioner trainer.

Christopher Mason could have

reached the pinnacle of any branch of medicine he chose. Following qualification at King's College Hospital (London) in 1971 he chose to make his career in general practice. A man of strong humanitarian instincts, he served from 1976 to 1979 as a Government Medical Officer in Malawi, initially at Queen Elizabeth Central Hospital, Blantyre, and then as Medical Officer in Charge (and the only doctor) at the Dowa District Hospital. In April 1979 he joined a partnership in Maghull, Merseyside, within a few days of his return to this country.

Dr Mason had been athletic since school days and at medical school, and continued to enjoy sport. He enjoyed life to the full and he loved his work. His friends and colleagues knew him as a fine companion. He was a member of the Royal College of General Practitioners, the British Medical Association and the Liverpool Medical Institution. He leaves a widow and three children.

R.A.Y.

*Dr J. G. R. Clarke*

There can be few of our colleagues who have served profession and College with such loyalty and distinction as John—other friends seemed to know him as Jack, and such was his habitual courtesy that I never found out which was the style which he preferred or which denoted greater intimacy.

He sat on the Board of the much loved Northern Home Counties Faculty from its birth in 1953. It was not a Board that allowed complacency or mediocrity (four of its members at that time later became Professors of General Practice in one continent or another!) and John contributed fully and constructively to its work.

When reorganization hit us in 1974, he then sat on the Board of the Beds and Herts Faculty until his death last month. He was Chairman of the Northern Home Counties Faculty Board in 1958 and Provost of the Faculty between 1963 and 1966. For the last nine years of the Northern Home Counties Faculty, John was its Council Representative, and the quality of his work there was rapidly recognized by his colleagues at national level. He was particularly interested in the (then) Practice Organization Committee, and became in turn its Honorary Secretary and Chairman. He also served with devotion and hard work as Deputy Vicechairman and Vicechairman of Council in 1970 and 1971. His other interests were expressed by his mem-

bership of the Board of Censors, the Vocational Training Subcommittee of the Education Committee and the Committee on Fellowship; of the latter he was elected Honorary Secretary for 1980 and 1981 after he had been appointed by the Fellowship at large.

These rather bare statements conceal a wealth of concern and readiness for sustained effort on behalf of the causes in which he believed and cared—general practice and its service to each individual patient and to the

community came first every time, and after his retirement from general practice, he remained in harness as a community physician.

I met John in many and various contexts; always charming and modest, but always ready to do his bit, often in the face of ill-health—the coronary arteries were not kind to him—and in spite of the competing claims of his patients and his family. He clearly derived great support and comfort from his wife, Phyl, and not the least of

John's endearing features was his ability to show his love and affection for her, and above all, his patience and concern to live naturally with Phyl's deafness.

Our thoughts go out to the medical fraternity of Luton who have lost a colleague of real achievement, and to John's family who can take pride in having nurtured a deeply caring and thoughtful general practitioner.

D.G.W.

## MEDICAL NEWS

### Diploma in Community Child Health

The first examination for the DCCH was held at the Royal College of Physicians in Edinburgh on 30 September 1983. Forty-six candidates completed the examination of whom 32 were successful.

Arrangements are being made for a second examination to be held in March 1984.

Details can be obtained from the Joint Board of Management, DCCH, Royal College of Physicians, 9 Queen Street, Edinburgh EH2 1JQ.

### Glyncorwg Health Centre: Annual Report

The editorial office has received a copy of the Annual Report of the Glyncorwg Health Centre. This provides a most interesting account of the work undertaken there and is an excellent example of how a practice can present a review of its activities.

Copies of the Annual Report can be obtained by writing to Dr Julian Tudor Hart, The Queens, Glyncorwg, Nr. Port Talbot, West Glamorgan SA13 3BL. Please enclose a stamped addressed envelope.

### The Scandinavian Journal of Primary Health Care

The *Scandinavian Journal of Primary Health Care* has been launched. It is written in English and as its name suggests, it is concerned with primary health care as represented by both

general practice and community health organizations.

Its primary emphasis is on providing information for the Nordic countries: Denmark, Finland, Iceland, Norway and Sweden, but it is editorial policy that articles from other countries should be considered for publication and that articles will have a general interest further afield.

The Chief Editor is Professor Paul Backer of Copenhagen and he is supported by an impressive team from other Nordic countries.

Anyone who would like to subscribe directly to the Journal should write to Almqvist & Wiksell Periodical Company, Box 45150, S-104 30 Stockholm, Sweden.

### The Royal College of Midwives

#### *Principles on Antenatal Care*

The following six principles on antenatal care were adopted as an official statement by the members of the Royal College of Midwives at the Professional Day of the Annual Meetings held at the University of Essex in July 1983:

1. Antenatal care should ensure, as far as possible, the wellbeing of the woman and her unborn child.
2. Antenatal care should meet the physical, social, emotional and educational needs of the pregnant woman.
3. Provision of antenatal care should be flexible, adaptable and readily available, offering the most appropriate

methods of individualized care.

4. Effectiveness of antenatal care should be evaluated and the patterns and methods used continuously monitored.
5. There should be collaboration, co-operation and good communication between the people providing the care and the woman receiving the care. The midwife should have the maximum opportunity to use fully her knowledge and skills for the benefit of the mother and her unborn child.
6. The ways in which these principles are implemented should be kept under constant review in order that they may always be relevant in providing the best and most appropriate antenatal care service to the woman and her unborn child and their family.

This statement has been circulated widely by the Royal College of Midwives with a proposal that these six principles be discussed and that consideration be given to making recommendations regarding their implementation locally.

### Effective Geriatric Medicine

The DHSS has published a book with this title which is a report of the seminar held in Harrogate last year about the special work of physicians in geriatric medicine.

The book can be obtained from Her Majesty's Stationery Office, at the price of £5.80.



a smoker, 52 per cent smoked; of 161 pupils whose 'best friend' was a non-smoker, 10 per cent smoked.

All these differences were significant ( $p = < 0.05$ ).

- 26 per cent of the children—equal numbers of boys and girls—smoked one or more cigarettes per week.
- 32 per cent of all smokers were smoking regularly before the age of 12 years.
- 58 per cent of all smokers wanted to give up.
- The reasons given by nonsmokers for not smoking were: health risk 78 per cent; expense 49 per cent; dislike of taste 30 per cent; parental prohibition 29 per cent; unsociability 28 per cent.

JOCELYN TEWSON

The Manor House  
Ickford  
Bucks.

## DATES FOR YOUR DIARY

### West of Scotland Faculty

A series of six seminars on prescribing for general practitioners has been planned from January to June 1984. Dr Martin J. Brodie, Consultant Physician and Clinical Pharmacologist at the Western Infirmary, Glasgow, will deal with practical clinical pharmacology. The venue will be the Western District Postgraduate Medical Centre and a wide range of drug prescribing problems will be considered by small groups. Further details can be obtained from Dr S. F. Wood, Honorary Secretary, West of Scotland Faculty, University Department of General Practice, Woodside Health Centre, Barr Street, Glasgow G20 7LR. Tel: 041-332 997 (Ext. 228).

### MRCGP Examinations

*Spring 1984*

Written papers: Tuesday 15 May 1984.

Orals:

Edinburgh: week beginning 2 July 1984

London: week beginning 9 July 1984 (ending 14 July).

Closing date: 15 March 1984.

8 weeks: 1 September 1984.

Application forms and further details may be obtained from the Examination Administrator at the College, 14 Princes Gate, Hyde Park, London SW7 1PU.

## EDITORIAL NOTICE

### Instructions to authors

Papers submitted for publication should not have been published before or be currently submitted to any other journal. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is preferred paper size. The first page should contain the title, which should be as brief as possible, the name(s) of author(s), degrees, position, town of residence, and the address for correspondence.

Original articles should normally be no longer than 2,000 words, arranged in the usual order of summary, introduction, aims, method, results, references, and acknowledgements. Short reports of up to 600 words are acceptable. Letters to the Editor should be brief—400 words maximum.

Illustrations of all kinds, including photographs, are welcomed. Graphs and other line drawings need not be submitted as finished artwork—rough drawings are sufficient, provided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to 10 should be spelt, those over 10 typed as figures. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the *Journal*. Their accuracy must be checked before submission. The title page, figures, tables, legends and references should all be on separate sheets of paper.

Two copies of each article should be submitted, with a stamped addressed envelope, and the author should keep a copy. One copy will be returned if the paper is rejected.

All articles and letters are subject to editing. The copyright of published material is vested in the *Journal*.

Papers are refereed before acceptance.

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### Correspondence and enquiries to the Editor

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